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SERIAL NUMBER 10/801,128	FILING DATE 03/16/2004  RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 09423.0042-02000
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## APPLICANTS

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## \*\* CONTINUING DATA

*yes - R.D.*  
 \*\*\*\*\*  
 This application is a CON of 10/099,481 03/15/2002 PAT 6,726,681  
 which is a DIV of 09/507,029 02/18/2000 PAT 6,375,651  
 which claims benefit of 60/120,666 02/19/1999

## \*\* FOREIGN APPLICATIONS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 13	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Roy D. Gibson</i>	Initials		

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## TITLE

Laser lithotripsy device with suction

☐ All Fees

<b>FILING FEE</b>  <b>RECEIVED</b> 1916	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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